

Member Delete Form

*Completing this form states that this agent is no longer affiliated with your office.

Member Name: _____

Member User ID: _____

Company Name: _____

Office Code: _____

Effective Date: ____/____/____

Comments:

 Subscriber Signature (*Agent*)

____/____/____
 Date

 Participant Signature (*Broker*)

____/____/____
 Date

**Both Subscriber and Participant signatures are required. If Agent is unreachable, then only the Participant's signature is necessary.*

**Any outstanding balances that are not paid prior to processing will be transferred to the Participant/Broker's account.*